

# County Medical Services Program

Prepared by: AmeriChoice

## ***Newsletter***

January 2005, Vol. 1

### **WELCOME ABOARD, DR. Richard Smith**



In August 2004, AmeriChoice hired Richard Smith, MD to fill the Medical Director position, which was previously held by Dr. Leroy Miller. Dr. Smith, a San Diego native, attended UCSD for his undergraduate studies and obtained his medical school education at the University of Texas Medical Branch in Galveston, Texas.

He returned to San Diego and received internal medicine training at Mercy (now Scripps-Mercy) Hospital in Hillcrest. Having successfully completed this leg of his medical training, Dr. Smith maintained a private practice in the Hillcrest/Kearny Mesa areas and attended at Mercy and Sharp Hospitals. Along with private practice, he held medical administration positions with Mercy Physicians and Sharp Community medical groups and Sharp Health Plan. In 1996, Dr. Smith, having accepted a full time medical administrative position with Blue Cross of California, closed his private practice and relocated to Los Angeles. Year 2003 paved the way for Dr. Smith's return to the San Diego area and, ultimately, being hired to develop new programs for the care of the CMS patients.

The initial direction of new programs will be to manage patients with chronic illnesses more intensively to avoid long-term complications and hospitalizations. The benefits of this type of management to individuals and the community-at-large are already being realized with our CMS patients who participate in Project Dulce.

Dr. Smith is available to discuss individual CMS patients or medical management projects of interest to physicians and/or community clinic staff. Additionally, Dr. Smith will visit community clinic sites to present information to the medical staffs and discuss issues of concern.

WELCOME ABOARD, Dr. Richard Smith!

### **Celebrex**

As you are aware, within recent months, Vioxx® was taken off of the market. This more recent message is provided to us by PharmCare Network, the pharmacy benefits manager for the San Diego County CMS program.

The U.S. Food and Drug Administration (FDA) issued a statement, December 17, 2004, urging physicians to consider alternatives to Pfizer Inc.'s drug, Celebrex®, while the agency reviews new data on heart risks and considers appropriate regulatory action. The "FDA will obtain all available data [on Celebrex®] and determine appropriate regulation," stated acting FDA Commissioner Crawford to reporters. Additionally, Crawford stated that physicians should consider prescribing alternatives to Celebrex® or prescribe the lowest possible dose of Celebrex®, if needed.

The San Diego County CMS program recommends that patients who have (or are at risk for) cardiovascular disease be evaluated for alternative therapy before being prescribed a COX-2 inhibitor. The COX-2 inhibitor products currently available in the U.S. include Celebrex® and Bextra®.

### **Formulary Changes for July and October 2004**

**Coreg** no longer covered- metoprolol is the preferred alternative. Coreg will be provided for individuals with Congestive Heart Failure and ejection fractions below 40%

**Oxycontin** no longer covered- methadone or MS long-acting are the preferred alternatives

**ARB's** are covered only for individuals with diabetes or Congestive Heart Failure who cannot tolerate ACE inhibitors. For blood pressure control please use other classes of anti-hypertensive medications (Lisinopril, HCTZ, Metoprolol, Atenolol, Diltiazem, Plendil and Nifedipine ER are available)

Effective 9/1/04

Prior authorizations for brand **Proton Pump Inhibitors** (PPI's) will be terminated. Only covered PPI will be **OTC Prilosec**.

## Diabetes Indicator Report

These outcomes were compiled by Liza Macatula, RN, who is the Public Health Nurse with the San Diego County Medical Services Program. She compiled these outcomes by performing chart reviews at more than 18 clinic sites. Up to 10 charts per clinic were reviewed. The review was conducted at the end of fiscal year 2003-04. Comparison figures for 2002-03 fiscal year are also presented.

### RESULTS CHART

Diabetes Indicators	FY 02-03*	FY 03-04**
Documented Weight/BMI	100%	99%
BP Check Q Visit	100%	100%
Annual Retinal Exam	77%	73%
Annual HbA1c	98%	97%
Annual Lipid Check	92%	89%
Annual Foot Exam	81%	65%
Annual Urine		
Microalbuminuria	74%	68%
Annual Flu Vaccine	45%	52%
Average HbA1c	9.4%	7.8%
Average LDL	111mg/dl	109 mg/dl
# Clinic Sites Visited	12	18
# Records Reviewed	79	153

\*Percentage reported for FY 02-03 represents the average percent of compliance among the 12 clinic sites for the indicated measure.

\*\*Percentage reported for FY 03-04 represents the percent of individual records in compliance with the indicated measure.

### Medical Director Comments:

The Community Clinic sites have done an excellent job of diabetes care. In comparison to average rates for commercial health plans across the nation, the clinics have met or exceeded the comparison HEDIS scores in 2002. The reported HEDIS scores, however, are the average for all plans across the nation and do not represent the outcomes of those plans scoring at or above the 90<sup>th</sup> percentile. There remains work to be done and each clinic is encouraged to develop a system for comprehensive diabetes care that allows these measures to continue to improve year after year.

The improvement in average HbA1c is impressive! The average HbA1c among the Diabetes Physician Recognition Program was 7.3%. HbA1c testing was 98% among individuals in this group registering for the program between 2000-2002. The community clinics compare very well in their performance against individual physicians and groups in the nation who pride themselves in delivering the best possible diabetes care to their patients.

I would like to thank Ms. Macatula for her dedication and excellent work in assessing the care delivered to the diabetics within the San Diego County CMS program. I would also like to compliment the Community Clinics on an excellent job in providing comprehensive care to diabetic members in the CMS program. I look forward to communicating equally outstanding results to you in future issues of this newsletter.

\*National Committee for Quality Assurance (2003) the State of Health Care Quality: 2003 Retrieved from <http://www.ncqa.org/communications/State%20Of%20Managed%20Care/SOHCREPORT2003.pdf> on September 2, 2004

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